

# **City Administration**

**DATE:** April 5, 2022

FROM: Jason Tomanek, Assistant City Administrator

ITEM: Kirkwood Hotel, LLC (dba) Bismarck Hotel & Conference Center

New Class C Hotel/Motel Liquor License

#### **REQUEST:**

Introduction of and call for a public hearing on a request for a new Class C Hotel/Motel liquor license for Kirkwood Hotel, LLC (dba) Bismarck Hotel & Conference Center.

Please place this item on the April 12, 2022, City Commission meeting agenda.

#### **BACKGROUND INFORMATION:**

Hotel or Motel.

Class C. To a hotel or motel that provides at least one hundred rooms for transient guests with continuous service and dining facilities with a seating capacity of at least fifty seats as a part of the hotel or motel operations and a full menu normally provided by a restaurant, and maintained and open seven days a week. The fifty seats for dining facilities are in addition to seating facilities for customers for the liquor facilities. A Class "C" license authorizes the licensee to sell "on-sale" only, however, this restriction does not preclude customary room service to registered guests of the licensee.

#### RECOMMENDED CITY COMMISSION ACTION:

Staff recommends approval of the introduction of and call for a public hearing on the request from Kirkwood Hotel, LLC (dba) Bismarck Hotel & Conference Center, with the public hearing scheduled for Tuesday, April 26, 2022. Staff also recommends approval of the new Class C Hotel/Motel liquor license.

#### STAFF CONTACT INFORMATION:

Jason Tomanek | Assistant City Administrator | 701-355-1300 | jtomanek@bismarcknd.gov

### Retail Alcohol Beverage License - Submission #14811

Date Submitted: 3/28/2022



## **License Information:**

Application Type*			License Type*			
New License Application   ✓			C2 Hotel or Motel - \$1,000.00			
			Please select the ty	pe of license you are applying for.		
Location Infor	mation:					
Name of Partnership or Corporation:*			Name of business for which license is requested (DBA):*			
Amkota LLC		Amkota Hotel & Conference Center				
Date of Incorporation:* State of ND Liqu 03/23/2022						
				is corporation registered in North Dakota?		
	//		//	Yes		
				⊚ No		
				⊚ N/A		
Location Address	*					
800 S 3rd St						
City:*	State:*		Zip:*	Phone No.:*		
Bismarck	ND		58504	(701) 258-7700		
Owner of Building	or Premises:	<i>"</i>				
Weishan Jin						

## **Correspondence Information (Where correspondence is to be sent):**

Primary Contact:*		Email Address:*	Email Address:*			
Charlie Lang		clang@ramkotabisn	clang@ramkotabismarck.com			
Mailing Address:*		City:*				
800 S 3rd St		Bismarck				
State:*	Zip:*		Phone No.:*			
ND 58504		//	(701) 391-6756			
List all officers, dire ownership:	ctors, and stockh	olders of corporat	ion and percentage of			
Manager's Name:*		Date of Birth:*	Percentage of Ownership:*			
Weishan Jin		06/03/1958	100			
Driver's License No.:*	State Issued:*	Gender:	Race:			
	UT	Male	Asian			
Home Address:*						
City:*	State:*	Zip:*	Phone No.:*			
Salt Lake	UT	84103				
Occupation:*	Title:*		Email Address:*			
Hotel Owner	Owner	//				

Name:*		Date of Birth:*	Percentage of
Charlie Lang		12/29/1977	Ownership:*
Driver's License No.:*	State Issued:*	Gender:	Race:
	ND	Male	
Home Address:*			
City:*	State:*	Zip:*	Phone No.:*
Bismarck	ND	58501	
Occupation:*	Title:*	Er	mail Address:
Manager	Rooms Direct	or	
Name:		Date of Birth:	Percentage of
Charlie Lang			Ownership:
Driver's License No.:	State Issued:	Gender:	Race:
Home Address:		//	
City:	State:	Zip:	Phone No.:
//			

Occupation:	Title:		Email Address:
		11	
Name:		Date of Birth:	Percentage of Ownership:
Driver's License No.:	State Issued:	Gender:	Race:
Home Address:			
City:	State:	Zip:	Phone No.:
Occupation:	Title:		Email address:
Please submit all officers Choose File No file choser		s form.	
_	rtners legal residents		d the State of North Dakota,
<ul><li>2. Have any of the pers</li><li>Yes</li><li>No</li></ul>	sons listed above beer	n convicted of any crime	e within the past five years? *

If yes, list all convictions and the dates, locations and sentence of disposition of each:
3. Does the building meet all state and local sanitation and safety requirements?*    Yes  No
4. Has applicant, or any of the persons listed above, within the past five years had any license to engage in sale of alcoholic beverages revoked or suspended? *   Yes  No
If yes please, give details:
5. If new application, have you ever engaged in the sale or transportation of alcoholic beverages  previously?*  Yes  No  If yes please, give details:
6. Has applicant, or any of the persons listed above, within the past five years, had an application for any federal or state or local license of any type rejected or denied? *   Yes  No
If yes please, give details:
7. Is there any agreement or understanding, or proposed agreement or understanding to obtain the license for another, or to operate the business for another, or as an agent for another?*    Yes  No

yes please, give details:
8. Has the business been sold or leased, or is there any intention to sell or lease the business to another?*
⊚ Yes
No
yes please, give details:
9. Has the applicant, or any of the persons listed above, shown interest in whatsoever, directly or indirectly, any other license liquor establishment within or without the State of North Dakota?*
No
yes please, give details:
10. Will the applicant, or any of the persons listed above, be engaged in any other business other than the sale of liquor under the license applied for?*
Yes
⊚ No
yes please, give details:
Selling hotel rooms, restaurant food and conference meeting space.
-11. Have all property taxes and special assessments currently due been paid?*
Yes
⊚ No
not please, explain why:

All applications for Class "F", Class "I" (restaurants), Class "M" (caterer), Class "P" (event site) and Class "Q" (Restaurant On-Sale and Off-Sale) licenses MUST be accompanied by a sworn statement executed by the licensee and a certified public accountant retained by the licensee certifying that gross food sales and liquor sales for the previous calendar year meet the requirements of Chapter 5-01-04 of the City Code of Ordinances.

Upload	l Gross	Food	Sales	Re	port:
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Choose File No file chosen

#### -Liquor License Site Diagram Requirements:

- ☑ Site diagrams are to be submitted on a plain sheet of paper, 8½ x 11-inch size.
- The licensed area shall be identified within the margins.
- The agency name shall be included on the diagram.
- The direction "North" shall be included on the diagram.
- The interior design of the licensed area shall be represented. This should include entrances, exits, interior doors, windows, tables, coolers, storage offices and room dividers.
- The diagram may be hand drawn, but it must be neat and reasonably accurate. Do not submit copies of construction blueprints.
- If the licensed site is part of a larger complex such as a restaurant, areas such as mixing, serving and storage must be identified.

#### **Upload Site Diagram:\***

**Building Layout.pdf** 

I agree that I will not transfer or sell this license, if granted, without the prior approval of the governing body and in accordance with applicable ordinances,\*

I agree

I also agree that should any of the information contained in this application change within the period of the license, if granted, that I will inform city officials immediately and furnish such details as may be requested by such officials concerning any such changes. I also agree that, should there be a change in ownership or management during the period of the license, prior approval of the Board of City Commissioners is required.\*

I agree

I further agree that any misrepresentation, false statement or omission in this application shall be grounds for rejection of said application or for revocation or suspension of any license granted.\*

I agree

#### Signature of Applicant:\*

Weishan Jin

#### By checking this box I acknowledge that I am electronically signing this \_ liquor license application.\*

☑ Electronic Signature

Date:\* 3/28/2022

### **Payment Options:\***

Credit Card Payment Over The Phone - (701) 355-1300

#### NOTE: This application must be accompanied by required fees.

The \$200 application fee is due when the application is submitted. (Fee does not apply to renewal applications)

#### **Credit Card**

Card Upload Credit Card Authorization Form

Credit Card Authorization Form

Choose File No file chosen

#### **Mail Payments To:**

City of Bismarck Administration, 221 North 5th Street, Bismarck, ND 58501

### **1ST FLOOR VIEW**



## Amkota LLC

Limited Liability Company - Business - Domestic



## Request Certificate

Filing Type

Limited Liability Company -Business - Domestic

Status

Active

Standing - AR

Good

Standing - RA

Good

Standing - Other

Good

Formed In

NORTH DAKOTA

Term of Duration

Perpetual

Initial Filing Date

03/22/2022

Principal Address

800 S 3RD ST WEISHAN JIN BISMARCK, ND 58504

Mailing Address

107 F ST

WEISHAN JIN SALT LAKE CITY, UT 84103-2601

AR Due Date

11/15/2023

Registered Agent

WEISHAN JIN 800 S 3RD ST BISMARCK, ND 58504



View History